ACCESSIBLE SERVICES
AND THE AMERICANS WITH DISABILITIES ACT

Most individuals who cannot board, ride or get off a regular public transit bus because of a disability are eligible under the Americans with Disabilities Act (the ADA) for paratransit services. Lake Transit provides accessible door-to-door paratransit throughout its service area. These services are Dial-A-Ride in Clearlake, Lakeport, and Lower Lake; and “Flex Stop” service to locations within one mile of any regional bus route.

For riders using a wheelchair, walker, crutches or those who have difficulty climbing entry steps, all buses have platform lifts with handrails to lift the rider on and off the bus. Assistance is available just by asking the driver. Courtesy seating and wheelchair spaces with securement devices are available on the bus for a safe and secure ride.

All lifts will accommodate wheelchairs that weigh up to 600 lbs. (with passenger) and will fit on a platform measuring 48.5” long and 31” wide. Lake Transit cannot guarantee service if a mobility device exceeds these dimensions, and you may be stranded at a bus stop or transfer point if you attempt to use a larger device.

Passengers who have disabilities receive discount fare pricing by showing any of the following identification cards: the Lake Transit ADA Paratransit Certification Card, the federal Medicare I.D. Card, or the California Department of Motor Vehicles Disabled Person or Disabled Veteran I.D. Card.

If you believe that you may be eligible, please complete the enclosed Application for ADA Paratransit Eligibility and return it to the address given. We will respond within 21 days of receipt.

For more information, please call 995-3330.
APPLICATION FOR ADA PARATRANSIT ELIGIBILITY

The information obtained in this certification process will be kept strictly confidential. The questions are designed to assist in determining your functional abilities. It is possible that, after review of your application, you may be asked to provide additional information. This may require a telephone or personal interview.

1. Name ____________________________________________________________

2. Street Address_____________________________________________________

   Mailing Address (if different)_________________________________________

   City ________________________________  State_________ Zip____________

3. Telephone Number (Home)__________________

   (Work)___________________

4. Date of Birth ___/___/___

5. What is the disability which prevents you from using our fixed route service?

   ___________________________________________________________________

   ___________________________________________________________________

   ___________________________________________________________________

   Is this condition temporary?  □ Yes   □ No

   If yes, please indicate the expected recovery date:  ____/____/____

6. Please briefly describe how your disability prevents you from using the fixed route system.

   ___________________________________________________________________

   ___________________________________________________________________

   ___________________________________________________________________

   ___________________________________________________________________

7. Are there any other effects of your disability of which we need to be aware?

   ___________________________________________________________________

   ___________________________________________________________________
8. Do you use any of the following aids to mobility? (Check all that apply)
   - Manual wheelchair
   - Electric wheelchair
   - Powered scooter
   - Cane
   - Crutches
   - Guide dog
   - Other ________________

9. Do you require a Personal Care Attendant when you travel using transit?
   - Yes        No

10. Are you able to complete any of your travel needs on the fixed route system?
    - Yes  (If yes, please explain; if your answer is yes, this will not effect your chances of becoming eligible for ADA paratransit service).
    ______________________________________________________________
    ______________________________________________________________
    - No

11. For planning purposes only, please answer the following:
    - I expect to use paratransit services approximately _____ days per month.
    - Most of my trips will be between ________________ and ________________
      City or Community Name  City or Community Name

12. I hereby certify that the information given above is correct.

    Signed_________________________________  Date ___/___/___

If this application has been completed by someone other than the person requesting certification, that person must complete the following:

    Name________________________________________________________
    Mailing Address________________________________________________
    City_________________________  State_____  Zip Code__________
    Daytime Phone:_________________________________________________
    Signed: ________________________________________  Date: ___/___/___
In order to allow Lake Transit Authority to evaluate your application, it may be necessary to contact a professional familiar with your functional abilities to use public transit. Please complete the following information and authorization form.

I authorize the professional(s), listed below, to provide any information required to complete this certification. The information released will be used solely to determine my eligibility and I realize that I have a right to receive a copy of this information. I understand that I may revoke this authorization at any time.

Applicant's signature ____________________________ Date ___/___/___

Name (physician or case worker) ____________________________

Agency Name (if applicable) ____________________________

Mailing Address _______________________________________

  City: __________________________ State: _____ Zip: __________

Telephone Number _______________________________________

Alternate:

Name (physician or case worker) ____________________________

Agency Name (if applicable) ____________________________

Mailing Address _______________________________________

  City: __________________________ State: _____ Zip: __________

Telephone Number _______________________________________

Please mail your complete application to:

Lake Links
PO Box 3001
Clearlake, CA 95422